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TRANSMITTAL FORM			<b>⊢</b> —	Named Inventor	Brennema	an, Douglas E.	- E
(to be used for all correspon	ndence after in	nitial filing)	Group	Art Unit	1647		2/0/0
			Exami	iner Name	Sharon L.	Turner	
Total Number of Pages in This Submission 93				ey Docket Number	015280-37	7000US	
		ENCL	OSURES	(check all that apply)			
Fee Transmittal Form			ment Pa <sub>l</sub> Application		After All Group	owance Communication to	)
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Certified Copy of Priority Document(s)	Rema	The Commissioner is authorized to charge any additional f Deposit Account 20-1430.				to	
Response to Missing Pa	arts/	•	-	J			
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Individual name Anne	ette S. Parent		$\sim$		. 42,058		
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TOTAL AMOUNT OF PAYMENT (\$)

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Application Number	09/267,511	웃	, Ē	
Filing Date	March 12, 1999	CEN	AN (	
First Named Inventor		31	<b>⊢</b>	Ī
Examiner Name	Sharon L. Turner	ъ Д	0	
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METHOD OF PAYMENT				FEE CALCULATION (continued)								
The Commissioner is hereby authorized to charge						3. ADD	ITIONAL	. FEES				
1. Depos			ted fees a	and credit any ov	er payment	ts to:	Large Fee Code 105	Entity Fee (\$) 130	Small Fee Code 205	Entity Fee (\$)	Fee Description Surcharge - late filing fee or oath	Fee Paid
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2. 🔲	Paymer	nt Enclo	sed:				115	110	215	55	Extension for reply within first month	
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07		207		Plant filing fee	<u> </u>		140	110	240	55	Petition to revive – unavoidable	<u> </u>
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02	84	202	42	Independent c			179	740	279	370	Request for Continued Examination (RCE)	
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SUBMITTED BY			Complete (if applicable)				
Name (Print/Type)	Annette S. Parent	Registration No. (Attorney/Agent)	42,058	Telephone	415-576-0200		
Signature	amelt	T Parin		Date	12/26/01		

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